MEMORANDUM OF UNDERSTANDING BETWEEN
THE DEPARTMENT OF DEFENSE AND THE
VETERANS ADMINISTRATION

SUBJECT: Referral of Active Duty Patients to Veterans Administration Medical Facilities (Except for Locally Negotiated Agreements)

I. PURPOSE: In furtherance of the purposes of Public Law 97-174, this memorandum is intended to: (1) establish reimbursement procedures for active duty military treated at VA medical facilities when their treatment is not otherwise governed by procedures established in a local agreement; (2) establish procedures authorizing VA medical care for active duty emergent patients who appear at VA medical facilities; and (3) provide for a uniform method of reimbursement in accordance with P.L. 97-174 for care provided under this agreement. This agreement does not supersede agreements already in effect or subsequently negotiated between individual VA and DOD health care facilities that may provide for different rates of reimbursement. In accordance with 38 U.S.C. 620A(d)(1), this agreement does not cover transfers of active duty military personnel to VA facilities for care or treatment of an alcohol or drug dependence or abuse disability.

II. BACKGROUND: Although many VA and DOD medical facilities have executed local agreements under P.L. 97-174 that involve furnishing direct health care on a referral basis, the Veterans Administration and Department of Defense Health Care Resources Sharing Committee have identified the need for agency and department-wide referral procedures that, in the absence of an applicable local agreement, would govern the transfer of active duty military inpatients from military or community hospitals to VA medical facilities and treatment of active duty military patients at such facilities for emergency care. This memorandum supersedes the 1981 Memorandum of Understanding concerning "Transfer of Active Duty Spinal Cord Injured Patients (SCI) from Department of Defense (DoD) Military Medical Treatment Facilities (MMTF) to Veterans Administration Medical Centers (VAMC) Except for Local Referrals".

III. AUTHORITY: This Memorandum of Understanding is entered into pursuant to Section 3 of Public Law 97-174 (1982) (codified at 38 U.S.C. 5011(d)), and Section 3-105 of the VA/DOD Health Care Resource Sharing Guidelines set forth in a Memorandum of Understanding between the Veterans Administration and the Department of Defense.

IV. DURATION:

1. This agreement will remain in force during the period stated unless terminated at the request of either party after thirty (30) days notice in writing. To the extent that this contract is so terminated, DoD will be liable only for payment in accordance with provisions of this agreement for care provided prior to the effective termination date.

2. In the event of war or national emergency, this agreement may be terminated immediately upon written notice by the Department of Defense.

V. REIMBURSEMENT AND BILLING:

1. Reimbursement to VA medical facilities will be at the interagency rates established according to OMB Circular A-11, Section 13.5(a) and in effect at the time care was provided. Because the interagency rates do not include the cost of transportation or prosthetics, the actual cost of these services will be billed in addition to the interagency rates.

2. Charges for services provided to active duty personnel under terms of this agreement will be prepared monthly, on plain bond paper, in multiple billing format for each branch of the DoD. The statements of charges, accompanied by copies of supporting documents such as authorizations and/or VA Form 10-10, Application for Medical Benefits, will be submitted with a covering SF-1080 through Fiscal Service to the respective military payment center. The charges must contain, at a minimum, the name, rank or rate, SSN, the type of care provided, including dates of admission, discharge, and/or outpatient treatment, and the condition for which medical care was given for each active duty person provided medical care during the month.

VI. VA/DOD RESPONSIBILITIES: See attachments 1 and 2.

Attachments:
1 - VA Responsibilities
2 - DOD Responsibilities

JOHN W. DITZLER, M.D.
Chief Medical Director
Veterans Administration

WILLIAM E. MAYER, M.D.
Assistant Secretary
of Defense (Health Affairs)

VA Responsibilities:

1. Provide DoD, ASMRO, and JMROs with an updated, at least annually, list of VA resources services, including addresses and telephone numbers of SCI centers, blind rehabilitation centers, and those VA facilities with head injury treatment capabilities.

2. Assist military authorities in arranging transfers to:

   a. VA facilities of active duty members. Includes verification of acceptance, providing an assessment of the VA's capability to manage the course of treatment or rehabilitation of members, discussion of any special circumstances, and coordination of transportation arrangements.

   b. VA designated community nursing homes of active duty members. When a member has received the maximum benefits of hospitalization but requires nursing home type care, arrangements may be made by the VA for direct placement of such a patient in a community nursing home. Such a transfer may be arranged for patients requiring such care who are in USMTFs, community hospitals, or in VA facilities.

3. Render the full range of treatment and/or rehabilitative services available at the accepting VA facility to all active duty members (except alcohol and drug patient care) accepted by a VA facility under this MOU, provided such acceptance does not adversely affect the range of services, the quality of care, or the priorities for care established by law for all VA beneficiaries.

4. Arrange and be responsible for providing local ground transportation of active duty members to VA facilities from local airfields when the patient is being transferred directly from an overseas USMTF or when specifically requested by a uniformed services medical authority.

5. Provide notification to the appropriate Army or Air Force MTF or the appropriate Navy OMA (Office of Medical Affairs) when a member, still on active duty, is to be released from a VA treatment or rehabilitation program.

6. Provide immediate notification to the appropriate Army or Air Force MTF or the appropriate Navy OMA when an active duty member is admitted.

7. For Spinal Cord Injury, Head Injury, and Blind Rehabilitation patients, conduct and process medical boards when requested by the military authority having cognizance over the member.

DOD Responsibilities:

1. MTF commanders will provide notification to ASMRO (through JMRO for overseas) when seeking to transfer a routine or nonemergent active duty patient from either a USMTF or from a civilian hospital. Notification will be made by telephone, message or the Defense Medical Regulating Information System (DMRIS), where available. ASMRO (through JMRO overseas) will provide notification to the military activity identifying the VA facility agreeing to accept the member. If the patient is moved by other than Air Force aircraft or is an emergency patient, information reported to ASMRO will be the minimum required to allow ASMRO to develop referral patterns (refer to Chapter 4, Joint Regulation, dated _____, entitled MEDICAL REGULATING TO AND WITHIN THE CONTINENTAL UNITED STATES). For emergency patients only, this notification may be made after the fact. (See Page 2-2 for transfers of Spinal Cord Injury, Head Injury, and Blind Rehabilitation Patients.)

2. Following MTF notification by ASMRO of the VA facility agreeing to accept the patient, military authority personnel will establish the most expeditious means of contact via telephone, message or DMRIS, where available, with their counterparts at the designated VA facility to make arrangements for transfer. The initial contact shall verify acceptance, provide medical information regarding the patient, and coordinate transportation of the patient from point of origin to the destination VA facility.

a. For intra-CONUS transfers of patients by air, the MTF commander is responsible to coordinate ground transportation from the airfield to the VA facility. Unless an agreement is already in effect that provides for local transportation, the originating USMTF shall make arrangements with any USMTF within a reasonable distance to provide needed transportation. If commercial transportation is required, the originating treatment facility will reimburse the cost. The transferring USMTF shall make arrangements 24 hours in advance with the VA facility to provide civilian transportation from the airfield, if necessary.

b. For transfers from outside the United States, the referring military authority may use telegraph (Western Union), message or DMRIS, where available, to communicate with the receiving VA facility should telephonic communication be difficult. The VA facility designated to receive the patient shall arrange and be responsible for providing local transportation of patients from the local airfield to the VA facility. When necessary, such patients may be sent to USMTFs prior to going to the accepting VA facility. The accepting USMTF will be responsible for arranging transportation of patient to the destination VA facility.

3. Provide notification, telephonically and in writing, to VA facilities when active duty members, referred for care while anticipating separation from service, are discharged or released from active duty. This notification shall be made prior to the date of separation and will include the date and type or character of separation and the periods of active duty served.

4. For emergency situations, expedite transfers from USMTFs or civilian hospitals to VA facilities through telephonic communications exclusively. If movement is required through the aeromedical evacuation system, CONUS MTFs will report directly to the Patient Airlift Center, Scott AFB, Illinois. For overseas, MTFs will report to the 2nd Aeromedical Evacuation System for European transfers or 9th Aeromedical Evacuation System for Pacific transfers. An after the fact report will be made to ASMRO within 48 hours.

THE FOLLOWING GUIDELINES ARE ADDED REQUIREMENTS FOR THIS SPECIAL CATEGORY:

SPINAL CORD INJURY PATIENTS, HEAD INJURY, BLIND REHABILITATION:

1. Expedite transfers directly from USMTFs or civilian hospitals to VA facilities through telephonic or DMRIS, where available, contact exclusively without regards for holidays and weekends. ASMRO will provide assistance on what VA facility has the capability to provide care and is closest to member's selected place of residence. If assistance by ASMRO is not required, an after the fact report will be made within 48 hours. Each Surgeon General's office, or his designee, shall provde a 24 hour a day, seven days a week point of contact should problems arise.

2. Ensure that the goal of effecting SCI transfer within three days (four days from overseas) is met whenever possible.

3. When possible, assure that spinal cord injury, head injury, and blind rehabilitation patients arriving from overseas are transported directly to the VA facility without passing through intervening USMTFs.

4. Assure that spinal cord injury, head injury and blind rehabilitation patients transferred from community hospitals are also transported directly to a VA facility, whenever possible.

5. Assure that each Surgeon General's office, or his designee, provides necessary assistance to VA facilities in the VA's conduct and preparation of medical boards.